

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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|--|--|---|---------------------------|
| Name of Committee in Full Citizens for Frank Ciotola | | Registration Number, if PAC | |
| Full Name of Contributor James G. Sicaras | | Registration Number, if PAC | |
| Street Address P.O. Box 21562 | Employer/Occupation/Labor Organization* | M D Y 0 5 2 2 0 9 | Amount \$100.00 |
| City Columbus | State OH Zip Code 43221-1562 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Karen P. Hopper | | Registration Number, if PAC | |
| Street Address 1731 Ramblewood Ave. | Employer/Occupation/Labor Organization* | M D Y 0 5 2 2 0 9 | Amount \$250.00 |
| City Columbus | State OH Zip Code 43235 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Edward R. Knezevich | | Registration Number, if PAC | |
| Street Address P.O. Box 1890 | Employer/Occupation/Labor Organization* | M D Y 0 5 2 2 0 9 | Amount \$100.00 |
| City Westerville | State OH Zip Code 43086-1890 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Bruno Ciotola | | Registration Number, if PAC | |
| Street Address 7182 Temperance Point Place | Employer/Occupation/Labor Organization* | M D Y 0 5 2 2 0 9 | Amount \$100.00 |
| City Westerville | State OH Zip Code 43082 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Joanne Policaro | | Registration Number, if PAC | |
| Street Address 4311 Randmore Rd. | Employer/Occupation/Labor Organization* | M D Y 0 5 2 2 0 9 | Amount \$100.00 |
| City Columbus | State OH Zip Code 43220 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Jim Becker | | Registration Number, if PAC | |
| Street Address 4380 Braunton Rd. | Employer/Occupation/Labor Organization* | M D Y 0 5 2 2 0 9 | Amount \$75.00 |
| City Columbus | State OH Zip Code 43220 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Dean Carnavale | | Registration Number, if PAC | |
| Street Address 3600 Grafton Ave. | Employer/Occupation/Labor Organization* | M D Y 0 5 2 2 0 9 | Amount \$75.00 |
| City Columbus | State OH Zip Code 43220 | Form (Cash, Check, etc.) Cash | |

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

\$800.00

Page Total \$ **\$0.00**